

## HOW TO APPLY: IMPORTANT DATES and INFORMATION

**Please Print and Keep a Copy of this Guidance for Future Reference.**

### APPLICATION AND PROGRAM GUIDANCE

Please read the Application and Program Guidance (APG) in its entirety before proceeding with an application. This *Guidance* explains in detail the contractual obligations of the Secretary of Health and Human Services or their designee and the participants in NELRP. Be sure you have a complete understanding of the obligation to serve full-time for 2 years at a CSF and the **financial consequences of failing to perform that obligation**.

### IMPORTANT DATES

**APPLICATION DEADLINE: A complete electronic application must be submitted by 5:30 PM E.T. on March 4, 2010. All Required Supplemental Forms and appropriate Supporting Documentation must be faxed or postmarked by March 4, 2010.**

It is anticipated that awards will be made between July and September 2010. Awards are subject to the availability of funds. Applicants selected for an award will receive notice no later than September 30, 2010. Applicants not selected for an award will be notified no later than October 31, 2010.

### HOW TO APPLY

- 1. To apply to NELRP, you must submit a complete application package consisting of:**
  - a. All required Supporting Documentation;
  - b. All required Supplemental Forms and;
  - c. The online electronic NELRP Application.
- 2. Required Supplemental Forms and Supporting Documentation**
  - a. Completed Loan Information and Verification Form(s);
  - b. Completed Employment Verification and Critical Shortage Facility Form (pages 1 and 2);
  - c. Completed Authorization for Release of Employment Information;
  - d. Completed Authorization to Release Information;
  - e. Completed Certification Regarding Debarment, Suspension, Disqualification and Related Matters;
  - f. Completed and signed NELRP Application Checklist and Self-Certification Form;
  - g. Transcripts.
- 3. Supporting Documentation (If applicable):**
  - a. If you were born outside of the U.S., documentation of your status as a U.S. citizen, U.S. National, or Lawful Permanent Resident;
  - b. Statement from Professional Group, for advanced practice nurses employed by a professional group;
  - c. Documentation that Perkins loans are not eligible for cancellation.

#### **4. Applicants are Responsible for Submitting a Complete Application Package**

Application packages will be initially reviewed to determine their completeness. Application packages deemed incomplete (e.g., missing, illegible, or incomplete application materials) as of the **March 4, 2010** deadline will not be considered for funding.

The information collected in the online application will provide an initial ranking of your application, with respect to funding preferences. It is required that the information in your online application match your supplemental forms and supporting documentation. Inaccurate information contained in the online application could result in your application receiving an inaccurate ranking and not being considered for funding.

**NELRP will not accept requests for updates to your online application after its submission (other than name and home and email address updates); or accept the submission/resubmission of incomplete, rejected or otherwise delayed application materials after the deadline. In addition, the NELRP staff will not fill in any missing information or contact applicants regarding missing information. It is the applicant's responsibility to submit a complete application package by the application deadline.**

#### **SEND YOUR REQUIRED SUPPLEMENTAL FORMS AND SUPPORTING DOCUMENTATION TO:**

Nursing Education Loan Repayment Program (NELRP)  
c/o HRSA Document Center  
12530 Parklawn Drive, Suite 350  
Rockville, MD 20852  
OR Fax To: 301-998-7377

**DO NOT Fax AND Mail a copy of your application. Failure to comply may result in a delay in processing your application and possible non-award due to insufficient funds.**

Direct Questions and Inquiries to:

[callcenter@hrsa.gov](mailto:callcenter@hrsa.gov) or Toll Free: 1-800-221-9393 (TTY:1-877-897-9910)

Office Hours: 9:00 A.M. to 5:30 P.M., E.T.  
Monday through Friday, except Federal holidays

Web site:

<http://www.hrsa.gov/aid/nursingloanrepayment/>

All Documents must be submitted on white 8 ½" x 11" Paper.

Do not send original loan consolidation forms, or proof of citizenship documents that cannot be replaced. Documents must be retained in an official file and will not be returned. Applicants should keep a copy of the application package for their records.

Due to the volume of applications, supporting documentation received by mail or fax will not be confirmed. You are encouraged to mail your documents in a manner that will provide you with a receipt of delivery confirmation. Retain all fax confirmations for your records.

## **Supplemental Forms and Supporting Documentation**

Instructions for completing supplemental forms and supporting documentation are provided below. If any of the required forms/documents described below are not included with the application, are not signed or are otherwise incomplete, or if the forms and documents are not clearly printed on separate sheets of white 8 ½ inch x 11 inch paper, the application will be deemed incomplete and the applicant will not be considered for a NELRP award.

**SEND ORIGINAL FORMS OR DOCUMENTS AS REQUIRED IN THE INSTRUCTIONS BELOW.** All mailed required supplemental forms and supporting documentation **MUST** be received or postmarked by **March 4, 2010**.

### **A. INSTRUCTIONS FOR SUPPLEMENTAL FORMS**

#### **1. *Loan Information and Verification Form(s)***

**Please review the types of Loans eligible for repayment under the NELRP in the Program Overview Section of this Bulletin under Eligibility Requirements.**

- a. Applicants must complete a Loan Information and Verification Form (Loan Form) for each lender (or holder) for the nursing education loan(s) they wish to be considered for repayment. An applicant with multiple loans with the same lender (or holder), a Loan Information and Verification Form for each loan must be submitted. This form authorizes your lender(s) or holder(s) to release information about your loan(s) to the NELRP. (If additional forms are needed, please download/print them or photocopy the form).
- b. Be sure to include the most current lender (or holder) of the loan and the lender's (or holder's) complete address and telephone number. Provide the lender's (or holder's) automated access telephone and loan account number that will permit the NELRP to obtain loan information for verification purposes. The most current balance of each loan -- principal and interest -- must be determined as accurately as possible and reported on the Loan Form. Note: All 15 questions on this form must answered or the loan will not be considered for repayment.
- c. Applicants must include ALL loans for undergraduate and/or graduate nursing education with the application. Only those loans submitted with the application will be considered for repayment.
- d. Applicants must provide copies of all required documents for loans being submitted for repayment that show for each loan the original amount, dates of disbursement, and type as indicated in the Checklist Loan Documentation Required table.
- e. If undergraduate or graduate nursing educational loans have been consolidated or refinanced, the documentation noted below is required to establish that the loans coincide with the nursing education periods stated on the Application.
- f. Applicants who have **consolidated/refinanced** their loans must provide either (1) a copy of their promissory note(s) for the original loan(s) or (2) a copy of the consolidated/refinanced promissory note from the current lender(s) that shows, for each loan being consolidated, the amount, date of original disbursement, and type of loan. See the Checklist Loan Documentation Required table.

- g. Applicants who have **Perkins loans** that are not eligible for cancellation must also provide documentation (a) from the school that the loans are not subject to cancellation under 34 C.F.R. Part 674, or (b) from the current lender indicating that the Perkins loans were consolidated and paid off.

## **2. *Employment Verification and CSF Form***

**The applicant's employer must fill out this form (pages 1 and 2) completely and return it to the applicant for submission with the other application materials.**

- a. Name and Address of Health Care Facility is the name and location of the facility where the applicant is working; not the name and address of the corporation that owns the facility.
- i. Employment Date is the date the applicant became employed as a nurse at the facility.
- ii. The base annual salary of the applicant must be reported. Base salary does not include overtime or shift differential. Applicants working at the facility for less than one year must report their negotiated base salary for the year.
- iii. Critical Shortage Facility (CSF) Type must be identified. The facility must select the *one* CSF definition that describes the Health Care Facility listed in the Application and Program Guide.
- b. **Please note that while the employer is responsible for completing the form in its entirety, the applicant is responsible for assuring that all information is entered accurately, and the applicant is responsible for the timely submission of the completed form.**
- c. Special Instructions for Certified Registered Nurse Anesthetists (CRNAs), Certified Nurse Midwives (CNMs), and Nurse Practitioners (NPs) Employed by a Professional Group that Practices at a CSF. **The CSF should complete the Employment Verification and CSF Form, and the professional group should prepare the written statement described in "Instructions for Supplement Forms and Supporting Documentation."**

## **3. *Authorization for Release of Employment Information Form***

This form must be completed by the applicant to authorize the release of information regarding the applicant's employment status to the NELRP. If the applicant is awarded a NELRP contract, his/her employment status will be verified semiannually.

## **4. *Authorization to Release Information Form***

This form authorizes HHS, and/or its contractors, to release information that identifies the applicant for purposes of obtaining the applicant's credit report and educational loan information and checking whether the applicant appears on the Excluded Parties List System. It also authorizes any program to which the applicant owes a health profession service obligation to release information to HHS and/or its contractors.

## **5. *Completed Certification Regarding Debarment, Suspension, Disqualification and Related Matters Form***

This form contains certifications related to "covered transactions" such as the receipt of funding under the NELRP. Applicants should read the entire form and sign the Certification at the bottom of the form that is applicable to their situation.

## **6. Transcripts**

Applicants must submit transcript(s) from each College or University attended for all nursing education coursework directly related to the attainment of the nursing degree(s), if the applicant is seeking repayment for loans incurred at that institution. You should be able to acquire transcripts from the university Registry department. If it is the final transcript, it needs to state what degree was granted and the year it was awarded.

## **7. Completed Checklist and Self-certification Form**

The Checklist assists applicants and the NELRP staff in verifying the completeness of the application. Return the checklist along with all of the other required application materials. Carefully read the certification statement at the bottom of the checklist. The statement must be signed for the application to be considered complete and to certify the information you provided is accurate.

# **B. INSTRUCTIONS FOR SUPPORTING DOCUMENTATION**

## **1. Documentation of Status as a U.S. Citizen, U.S. National, or Lawful Permanent Resident (if applicable)**

Applicants born outside of the United States must provide proof of U.S. citizenship or status as a U.S. National or Lawful Permanent Resident (e.g., a copy of a certificate of citizenship or naturalization, U.S. Passport ID page, or Green Card).

## **2. Statement from Professional Group (if applicable)**

Advanced nurse practitioners (CRNAs, CNMs, NPs) employed by a professional group that practices at a CSF must provide a written statement from the professional group (on original letterhead, signed by an appropriate official) stating that the applicant will be working exclusively at one designated CSF for at least 32 hours per week (for a minimum of 45 weeks per service year) for the 2-year duration of the applicant's NELRP contract, if the applicant receives an award. **Letters from professional groups must be dated on or after February 2, 2010, when the application cycle begins.** Letters that are not dated or dated before the application cycle begins will not be accepted.

# **C. INSTRUCTIONS FOR COMPLETING THE NELRP ELECTRONIC APPLICATION**

Instructions for completing the web-based application are provided as necessary, when you are entering your application information electronically.

It is **STRONGLY** suggested that **before you** attempt to complete the online application you:

- a. Review the *Guidance* in its entirety;
- b. Download and complete the required supplemental forms and gather the appropriate supporting documentation; and
- c. Develop a list of all institutions (colleges and universities) where loans were incurred towards your nursing degree, for those loans being submitted for loan repayment. Include the type of degree received, the school name and address, your attendance start and end dates, and your graduation date if applicable.

- d. Copy and Paste Curriculum Vitae (CV) – documents all education and training, and accounting for all time periods/employment since the applicant's completion of a qualifying health profession education.

## **CHANGE OF STATUS DURING THE APPLICATION PROCESS**

### **A. Withdrawal of an Application Prior to Receiving a Contract Award**

1. The NELRP contract becomes effective on the date it is countersigned by the Secretary or his/her designee. Once the contract becomes effective, the applicant is obligated to provide 2 years of full-time service at the CSF identified in the application. The NELRP anticipates that awards will be made between July 2010 and September 2010.
2. An applicant may withdraw his/her application at any time prior to the Secretary's signing the contract.
3. As soon as an applicant becomes aware that he/she will not be able to commence full-time service at the CSF identified in the application, the applicant should submit a request in writing to [callcenter@hrsa.gov](mailto:callcenter@hrsa.gov) or NELRP, Division of Applications and Awards, 5600 Fishers Lane, Room 8-37, Rockville, Maryland 20857, to withdraw his/her application from consideration. If the applicant withdraws his/her application before the applicant's contract is signed by the Secretary or his/her designee, the applicant will be eligible to apply to the NELRP in the future.
4. If the applicant's contract is signed by the Secretary or his/her designee prior to NELRP's receipt of the applicant's written request for withdrawal, the application can no longer be withdrawn. If such applicant fails to commence service on the effective date of the contract at the CSF identified in the application, the applicant will be in breach of the contract and will be permanently disqualified from receiving future awards under the NELRP and some other Federal Programs.

### **B. Loan Consolidation Changes During the Application Process**

1. Loan consolidations/refinances before the application deadline are acceptable, provided that the applicant submits a Loan Information and Verification Form (Loan Form) for the consolidated/refinanced loans by the application deadline and before the submission of the online application. If the Loan Form is not received by the application deadline and does not appear on the online application, the consolidated/refinanced loans will not be considered for loan repayment under the NELRP. If the applicant has consolidated otherwise qualifying educational loans with any other debt or consolidated his/her loans with loans of another individual, the entire consolidated loan is ineligible.
2. If loans are consolidated/refinanced between the application deadline and prior to the date an award is made, those loans **will not be considered** for loan repayment. Therefore, applicants are encouraged to consolidate/refinance their loans either before the application deadline or after receipt of an award.
3. All loan balances submitted for loan repayment consideration will be verified to determine whether they are eligible for repayment under the NELRP by contacting lenders or holders and checking the applicant's credit report.

### **C. Application Status**

1. You will receive a receipt of submission once your application has been successfully submitted online.
2. The application process occurs over a five to six month period. We will not be able to provide status updates during this time.



3. If an applicant is selected to receive an award they will receive written notice no later than September 30, 2010. Applicants not selected for an award will be notified no later than October 31, 2010.

### **Receiving an Award**

1. NELRP awards will be made monthly over the period of 24 months.
2. The HHS disburses each monthly payment through an electronic funds transfer to the participant's checking or savings account identified on the banking information submitted through the online process by the applicant.
3. The first direct deposit is made approximately 30 days after the effective date of the contract. **Participants are required to use the NELRP payments (the amounts received by the participant after Federal tax withholding) to pay the lenders or holders of their qualifying nursing education loans, as indicated on a Payment Authorization Worksheet that will be provided to participants with their award notice. Periodically, the NELRP will contact a participant's lenders or holders to verify that payments have been made.**

**NOTE: Under the Treasury Offset Program, the Department of the Treasury is authorized to offset NELRP payments for delinquent Federal and State debts and delinquent court-ordered child support payments. In keeping with the President's Executive Orders concerning compliance with child support orders, the NELRP stresses the importance of honoring any child support obligations the participant may have.**

**Download the Nursing Education Loan Repayment Program 2010 Application Checklist and Forms in fillable PDF at <http://www.hrsa.gov/aid/nursingloanrepayment/forms.pdf>**



## **Nursing Education Loan Repayment Program**

### **2010 Application Checklist and Supplemental Forms**

To apply to the Nursing Education Loan Repayment Program, you need to submit your on-line application at <https://nis.hrsa.gov> AND to complete, print, and mail or fax these forms and the documentation listed in the Application Checklist.

#### **Mail Completed Checklist and Forms To:**

**Nursing Education Loan Repayment Program (NELRP)  
c/o HRSA Document Center  
12530 Parklawn Drive Suite 350  
Rockville, MD 20852**

**OR Fax to Nursing Education Loan Repayment Program  
301-998-7377**

**Have Questions?** Call 1-800-221-9393 (TTY: 1-877-897-9910)  
Monday through Friday (except Federal holidays) 9:00 a.m. to 5:30 p.m. ET  
Email address: [Callcenter@hrsa.gov](mailto:Callcenter@hrsa.gov)



## NELRP APPLICATION CHECKLIST and SELF-CERTIFICATION FORM

Applicants must initial each item and sign and date the Checklist. An application that is incomplete or inaccurate will not be processed. You will not be contacted for additional information if your application is incomplete. Please make sure all forms are accurate and complete with signatures prior to submission of your application.

*Documentation and Self-Certification required from all applicants:*

- \_\_\_\_\_ 1. **I certify that I have read the Application and Program Guidance (APG).**
- \_\_\_\_\_ 2. **Downloaded Supplemental and Supporting Documents** These documents are to be completed prior to attempting to complete the online application cited below. Please note the information on your online application **must** match the supplemental and supporting documentation information submitted.
- \_\_\_\_\_ 3. **Loan Documentation** Completed Loan Information and Verification Form (Loan Form) for each lender or holder for the nursing education loan(s) for which you are seeking repayment assistance from NELRP.

Loan Documentation Required	Loan Types			
	<i>Federal Loans</i>	<i>Federal Consolidated Loans</i>	<i>Other Loans</i>	<i>Other Consolidated Loans</i>
<b>Loan Information and Verification Form (PDF)</b> <i>Instructions for Completing (PDF)</i> This form authorizes your lender to release information about your loan to the NELRP for purposes of assessing and verifying the amount and eligibility of your educational loans.	X	X	X	X
<b>Aid Summary Report (<a href="http://www.nslds.ed.gov">http://www.nslds.ed.gov</a>)</b> This report shows a complete list of the Federal loans you have. You will need a PIN to log in to your secured area on the website. If you do not have a PIN, go to <a href="http://www.pin.ed.gov">http://www.pin.ed.gov</a> .	X	X		
<b>Disbursement Report or Promissory Note</b> This report, which you can request from your commercial lender, must include the following information: (a) type of loan (b) original loan amount (c) date (d) original disbursement dates (e) interest rate (f) terms and conditions of repayment			X	X
<b>Account Statement</b> This statement must include the following information: (a) interest rate (b) current balance	X	X	X	X

- \_\_\_\_\_ 4. **Employment Verification and CSF (PDF)** To be completed by the authorized personnel official of the facility where the applicant is working to meet the service requirement for NELRP.
- \_\_\_\_\_ 5. **Authorization to Release Employment Information Form (PDF)** To be completed by the applicant. *I understand that if I become a NELRP participant, my employment status will be verified semiannually.*

- \_\_\_\_\_ 6. **NELRP Application** (<https://nis.hrsa.gov>) To be completed and submitted online by the applicant.
- \_\_\_\_\_ 7. **Transcripts:** An applicant must submit transcript(s) from each College or University attended for nursing education coursework directly related to the attainment of the nursing degree(s), if the applicant is seeking repayment for loans received while at that institution. You should be able to acquire a transcript from the university Registry department. If it is the final transcript, it needs to state what degree was granted and the year this was awarded.
- \_\_\_\_\_ 8. **Authorization to Release Information** To be completed by the applicant to authorize HHS' release of certain information.
- \_\_\_\_\_ 9. **Certification Regarding Debarment, Suspension, Disqualification and Related Matters** To be completed by the applicant

*Submit the following if applicable:*

- \_\_\_\_\_ 10. **Documentation of your status as a U.S. Citizen** U.S. National, or Lawful Permanent Resident (if applicable): This documentation is required only if you were born outside of the U.S. Examples include a copy of a certificate of citizenship or naturalization, U.S. Passport ID page, or Green Card.
- \_\_\_\_\_ 11. **Statement From Professional Group:** Advanced practice nurses employed by a professional group that practices at a CSF must provide a written statement from the professional group indicating that the applicant will be working exclusively at one designated CSF for at least 32 hours per week (for a minimum of 45 weeks per service year) for the 2-year duration of the applicant's NELRP contract, if the applicant receives an award.
- \_\_\_\_\_ 12. **Documentation that Perkins Loans Not Eligible for Cancellation** Applicants who have Perkins loans that are not eligible for cancellation must provide documentation a) from the school that the loans are not subject to cancellation under 34 CFR Part 674 or b) the current lender indicating that the Perkins loans were consolidated and paid in full.

I certify that the information submitted in all the supplemental forms and supporting documentation is true, accurate and complete to the best of my knowledge and belief and does not omit any materials facts. I understand that the information given may be investigated and that any knowing and willful false representation, or concealment, of a material fact is sufficient cause for rejection of this application, or, if awarded loan repayment, that I am liable for the return of all awarded funds and, further, that any such false statement or concealment may be punished as a felony under U.S. Code, Title 18, Section 1001, and subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986.

---

Name (Please Print)	Signature	Date
---------------------	-----------	------

**Have Questions?**

Call 1-800-221-9393 (TTY: 1-877-897-9910)  
Monday through Friday (except Federal holidays)  
9:00 a.m. to 5:30 p.m. ET

**Fax Completed Application Checklist and Forms Packages To**  
301-998-7377



## Nursing Education Loan Repayment Program

U.S. Department of Health and Human Services  
Health Resources and Services Administration

OMB No. 0915-0140

Expiration Date: 01/31/2011

### Public Burden Statement

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current OMB control number. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Office, 5600 Fishers Lane, Room 11A-33, Rockville, Maryland 20857.

### BUREAU OF CLINICIAN RECRUITMENT AND SERVICE (BCRS) NURSING EDUCATION LOAN REPAYMENT PROGRAM LOAN INFORMATION AND VERIFICATION FORM

APPLICANT: Complete one copy of this form for each lender or holder with which you have loans you wish to be considered for repayment under the NELRP. Your original loan date(s) must coincide with your school attendance dates for loans to be eligible for repayment. Please print clearly and complete all items to facilitate verification. If this form is incomplete or if any information is incorrect, the loan will be deemed ineligible.

1. Applicant's Name (Last, First, Middle) \_\_\_\_\_ 2. Applicant's Social Security No. \_\_\_\_\_ 3. Date of Birth \_\_\_\_\_

4. Applicant's Complete Address \_\_\_\_\_ 5. Applicant's Telephone No. \_\_\_\_\_

6a. Name of Current Lending Institution \_\_\_\_\_ 6b. Lender's Automated Access System Telephone No. \_\_\_\_\_ 7. Loan Account No. \_\_\_\_\_

8a. Full Address of Lending Institution \_\_\_\_\_ 8b. Address Where Payments are sent (If different from Item 8a) \_\_\_\_\_

9a. Was the loan sold? Yes \_\_\_\_ No \_\_\_\_ (If you are not sure, check with your lender) If "yes," give the original loan holder's name and full address. \_\_\_\_\_

9b. Was the loan consolidated? Yes \_\_\_\_ No \_\_\_\_ If "yes", provide date(s) \_\_\_\_\_

10. Original Date of the Loan \_\_\_\_\_ 11. Original Amount of the Loan \_\_\_\_\_

12a. Current Balance (Principal & Interest) \$ \_\_\_\_\_ as of (date) \_\_\_\_\_ 12b. Interest Rate \_\_\_\_\_

13. Type of Loan, e.g., NSL, Stafford, etc., (Please spell out type): \_\_\_\_\_

14. Loan in Default? Yes \_\_\_\_ No \_\_\_\_ Date of Default: \_\_\_\_\_

15. Federal Judgment Lien for defaulted loan(s)? Yes \_\_\_\_ No \_\_\_\_ Date of Judgment: \_\_\_\_\_

AID SUMMARY/DISBURSEMENT REPORTS – Copies must be attached for all loans being submitted for repayment. Documentation must show the original loan amount, date of disbursement, and type of loan, interest rate, terms and conditions of repayment.

FOR CONSOLIDATED/REFINANCED LOANS - If you have consolidated/refinanced your loans for undergraduate and graduate nursing education costs, you must attach a copy of the Aid Summary/Disbursement Report or a copy of the consolidated promissory note from the current lender(s) indicating the amount, date of original disbursement and type of loan(s).

WARNING - Any person who knowingly makes a false statement or misrepresentation in this loan repayment transaction, bribes or attempts to bribe a Federal official, fraudulently obtains repayment for a loan under this statute, or commits any other illegal action in connection with this transaction is subject to a fine or imprisonment under Federal statute. I have read this statement and understand its contents.

CERTIFICATION OF APPLICANT - I hereby certify that the information I have provided is true, complete, and accurate and that the above identified loan was incurred solely for the costs of qualifying nursing education as defined by the NELRP. I am aware that any false, fictitious, or fraudulent statement may, in addition to other remedies available to the Government, subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986.

AUTHORIZATION FOR DISCLOSURE OF INFORMATION – Pursuant to the Rights to Financial Privacy Act of 1978 (REPA) (12 USC 3404), having read the attached statement of my RFPA rights, I hereby authorize the government or financial institution named in item 6 or 9 above to release financial records relating to the educational loan identified above to the BCRS for the purpose of assessing and verifying the amount and eligibility of the educational loan for payment under the NELRP. This authorization is valid for 3 months from the date of my signature, and may be revoked in writing at any time before my records are disclosed.

SIGNATURE OF APPLICANT

DATE

### ***Loan Information and Verification Form(s) Instructions***

Please review the types of Loans eligible for repayment under the NELRP in the Program Overview Section of this Guidance under Eligibility Requirements.

Applicants must complete a Loan Information and Verification Form (Loan Form) for each lender (or holder) for the nursing education loan(s) they wish to be considered for repayment. An applicant with multiple loans with the same lender (or holder), a Loan Information and Verification Form for each loan must be submitted. This form authorizes your lender(s) or holder(s) to release information about your loan(s) to the NELRP. (If additional forms are needed, please download/print them or photocopy the form).

Be sure to include the most current lender (or holder) of the loan and the lender's (or holder's) complete address and telephone number. Provide the lender's (or holder's) automated access telephone and loan account number that will permit the NELRP to obtain loan information for verification purposes. The most current balance of each loan -- principal and interest -- must be determined as accurately as possible and reported on the Loan Form. Note: All 15 questions on this form **must** be answered or the loan will not be considered for repayment.

Applicants must include ALL loans for undergraduate and/or graduate nursing education with the application. Only those loans submitted with the application will be considered for repayment.

Applicants must provide copies of an Aid Summary and/or Disbursement Report for loans being submitted for repayment that show for each loan the original amount, date of disbursement, and type.

If undergraduate or graduate nursing educational loans have been consolidated or refinanced, the documentation noted below is required to establish that the loans coincide with the nursing education periods stated on the Application.

Applicants who have consolidated/refinanced their loans must provide either (1) an Aid Summary and/or Disbursement Report for the original loan(s) or (2) a copy of the consolidated/refinanced promissory note from the current lender(s) that shows, for each loan being consolidated, the amount, date of original disbursement, and type of loan.

Applicants who have Perkins loans that are not eligible for cancellation must also provide documentation (a) from the school that the loans are not subject to cancellation under 34 C.F.R. Part 674, or (b) from the current lender indicating that the Perkins loans were consolidated and paid off.

## **STATEMENT OF CUSTOMER RIGHTS UNDER THE RIGHT TO FINANCIAL PRIVACY ACT OF 1978**

Federal law protects the privacy of your financial records. Before banks, savings and loans associations, credit unions, credit card issuers, or other financial institutions may give financial information about you to a Federal Agency, certain procedures must be followed.

### **Consent to Disclosure**

You may be asked to consent to a financial institution making your financial records available to the Government. You may withhold your consent, and your consent is not required as a condition of doing business with any financial institution. If you give your consent, it can be revoked in writing at any time before your records are disclosed. Furthermore, any authorization you provide is effective for only three months, and your financial institution must keep a record of the instances in which it disclosed your financial information.

### **Disclosure without Your Consent**

Without your consent, a Federal Agency that wants to see your financial records may do so ordinarily only by means of a lawful subpoena, summons, search warrant, or formal written request for that purpose.

Generally the Federal Agency must give you advance notice of its request for your records explaining why the information is being sought and telling you how to object in court. The Federal Agency must also send you copies of court documents to be prepared by you with instructions for filling them out. While these procedures will be kept as simply as possible, you may want to consult an attorney before making a challenge to a Federal Agency request.

### **Exceptions**

In some circumstances, a Federal Agency may obtain financial information about you without advance notice or your consent. In most of these cases, the Federal Agency will be required to go to court for permission to obtain your records without giving you notice beforehand. In these instances, the court will make the Government show that its investigation and request for your records are proper. When the reason for the delay of notice no longer exists, you will be notified that your records were obtained.

### **Transfer of Information**

Generally, a Federal Agency which obtains your financial records is prohibited from transferring them to another Federal Agency unless it certifies in writing that the transfer is proper and sends a notice to you that your records have been sent to another Agency.

### **Penalties**

If a Federal Agency or financial institution violates the Right to Financial Privacy Act, you may sue for damages or to seek compliance with the law. If you win, you may be repaid your attorney's fees and costs.

### **Additional Information**

If you have any questions, about your rights under this law or how to consent to the release of your financial records, you may contact: the Division of Applications and Awards, Bureau of Clinician Recruitment and Service at 1-800-221-9393.

**AUTHORIZATION for RELEASE of EMPLOYMENT INFORMATION**  
**for Participation in the**  
**NURSING EDUCATION LOAN REPAYMENT PROGRAM (NELRP)**

1. I authorize my employer to disclose information pertaining to my employment status to the U.S. Department of Health and Human Services (HHS), and/or its contractors, for purposes of determining my eligibility to participate in the NELRP and, if I am selected to participant in the NELRP, to determine my compliance with the NELRP service requirements. "Information pertaining to my employment status" includes, but is not limited to, my salary, dates of employment, number of hours worked, position held, leave hours/records, nurse licensure data, or the existence of a service obligation to my employer.

2. I hereby authorize the HHS, and/or its contractors, to release the following information to my current or former employer(s) to assess my eligibility to participant in the NELRP, and if I am selected to participate in the NELRP, to determine my compliance with the NELRP service requirements: my name, social security number and other information necessary to identify me.

This authorization will take effect on the date that I sign this release form. If I become a participant in the NELRP, this authorization shall remain in effect until the date my NELRP obligation, including any extension of the obligation pursuant to a contract amendment, has been fulfilled or this authorization is revoked by me in writing. If I do not become a participant in the NELRP, this authorization shall remain in effect until September 30, 2010.

---

(Signature)

---

(Date)

---

(Print Name)

---

(Social Security No.)

***Authorization for Release of Employment Information Form***

This form must be completed by the applicant to authorize the release of information regarding the applicant's employment status to NELRP. If the applicant is awarded a NELRP contract, his/her employment status will be verified semiannually.

### **Authorization to Release Information**

As a Nursing Education Loan Repayment (NELRP) applicant, I \_\_\_\_\_, hereby authorize:  
(print full name)

1. The U.S. Department of Health and Human Services (HHS), and/or its contractors, to release the following information to a consumer reporting agency (credit bureau) to obtain a credit report to assess my eligibility, creditworthiness and suitability to participate in the NELRP and to verify my educational loans: my name, address(es), social security number, and other information necessary to identify me.
2. The HHS, and/or its contractors, to release the following information to the lenders/holders of my educational loans in order to obtain loan payoff balances, to determine my eligibility/qualifications to participate in the NELRP, and to determine the eligibility of my educational loans for repayment under the NELRP: my name, address(es), social security number, account number(s), account status, and other information necessary to identify me.
3. The HHS, and/or its contractors, to release my name, address(es) and social security number for the purpose of determining whether I appear on the Excluded Parties List System.
4. Any program or entity to which I owe a service obligation, or defaulted on a service obligation, to release information relating to that obligation to HHS and/or its contractors.

This authorization will take effect on the date that I sign this release form. If I become a participant in the NELRP, this authorization shall remain in effect until the date my NELRP obligation, including any extension of the obligation pursuant to a contract amendment has been fulfilled or this authorization is revoked by me in writing. If I do not become a participant in the NELRP, this authorization shall remain in effect until September 30, 2010.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

#### *Authorization to Release Information Form*

This form authorized HHS, and/or its contractors, to release information that identifies the applicant for purposes of obtaining the applicant's credit report and educational loan information and checking whether the applicant appears on the Excluded Parties List System. It also authorizes any program to which the applicant owes a health profession service obligation to release information to HHS and/or its contractors.



## Certification Regarding Debarment, Suspension, Disqualification and Related Matters

The receipt of funding under the Nursing Education Loan Repayment Program (NELRP) is a “covered transaction” pursuant to Title 2 of the Code of Federal Regulations (CFR) Part 180, as adopted by HHS pursuant to 2 CFR Part 376. Before entering into a NELRP contract, the applicant is required, under Subpart C of Part 180, to report certain information, which is described below.

Individuals who are currently excluded (suspended or debarred) or disqualified by any Federal agency from participating in covered transactions are ineligible to receive an award under the NELRP. (Individuals with reportable problems other than exclusion or disqualification may, or may not, be selected to participate in the NELRP, based on the Program’s consideration and evaluation of the applicant’s circumstances.)

As a condition of participating in the NELRP, a participant must agree to comply with the requirements of Subpart C of Part 180, which include providing immediate written notice to the NELRP if the applicant learns that he/she failed to make a required disclosure or that a disclosure is now required due to changed circumstances.

**\*\*CERTIFICATION\*\***

Pursuant to 2 CFR 180.335 (2006) as implemented by 2 CFR 376.10 (2007), an applicant applying to enter into a covered transaction (which includes an application to participate in the NELRP) is required to notify the Federal agency office if the applicant knows that he or she:

- Is presently debarred, suspended, excluded, or disqualified from participation in covered transactions by any Federal agency or department;
- Within the 3-year period preceding the application, has been convicted of, or had a civil judgment rendered against him or her for any of the following offenses:
  - commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or a contract under a public transaction;
  - violation of Federal or State antitrust statutes; or
  - commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice;
- Is presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, local) with the commission of any of the offenses set forth above; or
- Within the 3-year period preceding the application, has had any public transaction (Federal, State, or local) terminated for cause or default.

**The applicant must sign the certification below which is applicable to his or her situation.**

I, _____, certify that <b>none</b> of the above statements apply to me.	
(Print Name)	
_____ Signature	_____ Date

**OR**

I, _____, certify that <b>one or more</b> of the above statements apply to me.	
(Print Name)	
_____ Signature	_____ Date

*Completed Certification Regarding Debarment, Suspension, Disqualification and Related Matters Form*

This form contains certifications related to “covered transactions” such as the receipt of funding under the NELRP. Applicants should read the entire form and sign the Certification at the bottom of the form that is applicable to their situation.

OMB No. 0915-0140

Expiration Date: 01/31/2011

**Public Burden Statement**

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid OMB control number. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Office, 5600 Fishers Lane, Room 11A-33, Rockville, Maryland 20857.

**EMPLOYMENT VERIFICATION AND CRITICAL SHORTAGE FACILITY FORM FOR APPLICANTS TO THE  
NURSING EDUCATION LOAN REPAYMENT PROGRAM (NELRP)**

TO BE COMPLETED BY THE AUTHORIZED PERSONNEL OFFICIAL OF THE FACILITY

**PLEASE NOTE: IF THIS FORM IS INCOMPLETE OR IF ANY INFORMATION IS INCORRECT, THE APPLICANT WILL BE DEEMED INELIGIBLE  
AND THE APPLICATION WILL NOT BE PROCESSED.**

Applicant's Name (your employee): \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_

Name of Health Care Facility: \_\_\_\_\_

Address of Health Care Facility (where employee works): \_\_\_\_\_

Name and Address of Group Practice (applies only to advanced practice nurses who are employed by a professional group that practices at the health care facility identified above):

Group Name: \_\_\_\_\_

Group Address: \_\_\_\_\_

Advanced nurse practitioners (CRNAs, CNMs, NPs) employed by a professional group that practices at a CSF must provide a written statement from the professional group (on original letterhead, signed by an appropriate official) stating that the applicant will be working exclusively at one designated CSF for at least 32 hours per week (for a minimum of 45 weeks per service year) for the 2-year duration of the applicant's NELRP contract, if the applicant receives an award. Letters from professional groups must be dated after February 2, 2010, when the application cycle begins. Letters that are not dated or dated before the application cycle begins will not be accepted.

Please note: Under the NELRP, participants must be registered nurses (RNs) providing full-time services at a critical shortage facility. Full-time service is defined as the provision of nursing services for a minimum of 32 hours per week. No more than 7 weeks per service year can be spent away from the facility for vacation, holidays, continuing education, illness, maternity/paternity, or any other reason. Individuals who have an existing service obligation are not eligible to participate in the NELRP. RNs working PRN, or as Pool Nurses, or for Travel or Nurse Staffing Agencies are not eligible for the program.

I hereby certify that the individual identified above:

1. Began employment as an RN at the health care facility identified above on \_\_\_\_\_ and is currently employed in:  
mm/dd/yyyy  
( ) a full-time position (defined as an RN providing nursing services for a minimum of 32 hours per week), or  
( ) less than a full-time position (defined as an RN providing nursing services for less than 32 hours per week)
2. ( ) YES OR ( ) NO - Does the employee have an existing commitment to the facility for educational pay back service or a sign-on bonus service obligation to the facility which will not be completely satisfied on or before March 4, 2010.
3. Earns a base annual salary of \$ \_\_\_\_\_ for the year (please calculate full-time base salary if employee is paid on an hourly basis); (Base does not include Overtime or Shift Differential pay)
4. Is required to work the following number of hours: Per Week \_\_\_\_\_
5. Is currently licensed to practice as an RN without any restrictions. Please provide the following information:  
License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_; and
6. Works at the following type of facility: (a) private nonprofit \_\_\_\_\_ (c) public / government owned \_\_\_\_\_  
(b) private for profit \_\_\_\_\_

From the choices below, please select **ONE** definition that describes your **Critical Shortage Facility**.

<p><b><u>Disproportionate Share Hospital (DSH)</u></b> – A nonprofit hospital that: 1) has a disproportionately large share of low-income patients; and 2) receives (a) an augmented payment from the State under Medicaid; or (b) a payment adjustment from Medicare. Hospital-based outpatient services are included under this definition.</p>	<p><b><u>Federally Designated Health Center Look-Alike</u></b> – A nonprofit entity that is certified by the Secretary as meeting the requirements for receiving a grant under section 330 of the Public Health Service Act but is not a grantee.</p>
<p><b><u>Federal Hospital</u></b> – Any Federal institution in a State that is primarily engaged in providing, by or under the supervision of physicians, to inpatients: (a) diagnostic and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons; or (b) rehabilitation of injured, disabled, or sick persons. Hospital-based outpatient services are included under this definition.</p>	<p><b><u>Home Health Agency</u></b> – A public agency or private nonprofit organization certified under section 1861(o) of the Social Security Act that is primarily engaged in providing skilled nursing care and other therapeutic services.</p>
<p><b><u>Non-Federal Non-Disproportionate Share Hospital</u></b> – Any public or private nonprofit institution in a State that is primarily engaged in providing, by or under the supervision of physicians, to inpatients: (a) diagnostic and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons; or (b) rehabilitation of injured, disabled, or sick persons. Hospital-based outpatient services are included under this definition.</p>	<p><b><u>Hospice Program</u></b> – A public agency or private nonprofit organization certified under section 1861(dd)(2) of the Social Security Act, that provides 24-hour care and treatment services (as needed) to terminally ill individuals and their families. This care is provided in individuals' homes, on an outpatient basis, and on a short-term inpatient basis, directly or under arrangements made by the agency or organization.</p>
<p><b><u>Ambulatory Surgical Center</u></b> – A nonprofit entity in a State that provides surgical services to individuals on an outpatient basis and is not owned or operated by a hospital.</p>	<p><b><u>Indian Health Service Health Center</u></b> – A nonprofit health care facility (whether operated directly by the Indian Health Service or operated by a tribe or tribal organization contractor or grantee under the Indian Self-Determination Act, as described in 42 Code of Federal Regulations (CFR) Part 136, Subparts C and H, or by an urban Indian organization receiving funds under Title V of the Indian Health Care Improvement Act) that is physically separated from a hospital, and which provides clinical treatment services on an outpatient basis to persons of Indian or Alaskan Native descent as described in 42 CFR Section 136.12.</p>
<p><b><u>Federally Designated Health Center</u></b> – A nonprofit entity that is receiving a grant, or funding from a grant, under section 330 of the Public Health Service Act, as amended, to provide primary health services and other related services to a population that is medically underserved. Federally Designated Health Centers include Community Health Centers, Migrant Health Centers, Health Care for the Homeless Health Centers, and Public Housing Primary Care Health Centers.</p>	<p><b><u>Native Hawaiian Health Center</u></b> – An entity (a) which is organized under the laws of the State of Hawaii; (b) which provides or arranges for health care services through practitioners licensed by the State of Hawaii, where licensure requirements are applicable; (c) which is a public or nonprofit private entity; and (d) in which Native Hawaiian health practitioners significantly participate in the planning, management, monitoring, and evaluation of health services. See the Native Hawaiian Health Care Act of 1988 (Public Law 100-579), as amended by Public Law 102-396.</p>
<p><b><u>Nursing Home</u></b> – A public or private nonprofit institution (or a distinct part of an institution), certified under section 1919(a) of the Social Security Act, that is primarily engaged in providing, on a regular basis, health-related care and service to individuals who because of their mental or physical condition require care and service (above the level of room and board) that can be made available to them only through institutional facilities, and is not primarily for the care and treatment of mental diseases.</p>	<p><b><u>State or Local Public Health or Human Services Department</u></b> – The State, county, parish or district entity in a State that is responsible for providing population focused health services which include health promotion, disease prevention and intervention services provided in clinics or other health care facilities that are operated by the Department.</p>
<p><b><u>Rural Health Clinic</u></b> – A public or private nonprofit entity that the Centers for Medicare and Medicaid Services has certified as a rural health clinic under section 1861(aa)(2) of the Social Security Act. A rural health clinic provides outpatient services to a non-urban area with an insufficient number of health care practitioners.</p>	<p><b><u>Critical Access Hospital</u></b> – A nonprofit facility that is (a) located in a State that has established with the Centers for Medicare and Medicaid Services (CMS) a Medicare rural hospital flexibility program, (b) designated by the State as a CAH, (c) certified by the CMS as a CAH, and (d) in compliance with all applicable CAH conditions of participation.</p>
<p><b><u>Skilled Nursing Facility</u></b> – An public or private nonprofit institution (or a distinct part of an institution), certified under section 1819(a) of the Social Security Act, that is primarily engaged in providing skilled nursing care and related services to residents requiring medical, rehabilitation or nursing care and is not primarily for the care and treatment of mental diseases.</p>	

Name of Authorized Personnel Official (Please Print)

Title

Signature of Personnel Official

Date

Personnel Office Telephone Number

Personnel Office Fax Number

PAGE 2 OF 2

### *Employment Verification and CSF Form Instructions*

The applicant's employer must fill out this form (pages 1 and 2) completely and return it to the applicant for submission with the other application materials.

- b. **Name and Address of Health Care Facility** is the name and location of the facility where the applicant is working; not the name and address of the corporation that owns the facility.
- c. **Employment Date** is the date the applicant became employed as a nurse at the facility.
- d. **The base annual salary of the applicant must be reported. Base salary does not include overtime or shift differential. Applicants working at the facility for less than one year must report their negotiated base salary for the year.**
- e. **Critical Shortage Facility (CSF) Type must be identified. The facility must select the *one* CSF definition that describes the Health Care Facility listed on page (2 of 2).**
- f. **The health care facility listed on page (1 of 2) must match one definition listed on page (2 of 2). If the facility is not a NELRP CSF it is not and eligible facility under NELRP.**

Please note that while the employer is responsible for completing the form in its entirety, the applicant is responsible for assuring that all information is entered accurately, and the applicant is responsible for the timely submission of the completed form.

**Special Instructions for Certified Registered Nurse Anesthetists (CRNAs), Certified Nurse Midwives (CNMs), and Nurse Practitioners (NPs) Employed by a Professional Group that Practices at a CSF.** The CSF should complete the Employment Verification and CSF Form, and the professional group should prepare the written statement described in "Instructions for Supplement Forms and Supporting Documentation."